

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101582,605

FILING DATE

6-9-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		2			
2	1					
3		2				
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10		5				
11		5				
12		5				
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19		6				
20		6				
21		6				
22		6				
23		6				
24		6				
25		1				
26		1				
27		1				
28		1				
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49						
50						
TOTAL IND.	13	↓	5	↓		↓
TOTAL DEP.	63	←	1	←		←
TOTAL CLAIMS	76		6			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS						